

1786 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights		LENGTH OF STAY (in this place) Months		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vindabona Con. Home				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) ELLA (Middle) MAY (Last) BARR				4. DATE (Month) (Day) (Year) OF DEATH: February 1, 1956			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow	8. DATE OF BIRTH: February 26, 1867	9. AGE last birthday: 88 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.	IF UNDER 24 HRS.:	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Calvin F. Remsburg				14. MOTHER'S MAIDEN NAME: Emma Hargett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mr. N.T.R. Waskey, 1000 Carroll Parkway, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Cerebral Hemorrhage						15 minute	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis, generalized						years	
DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 1, 1955, to Feb 1, 1956, that I last saw the deceased alive on Jan 29, 1956, and that death occurred at 10:30AM, from the causes and on the date stated above.							
SIGNATURE Robert S. Jenner, Jr.				ADDRESS Frederick, Maryland		DATE SIGNED 2/2/1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 3, 1956		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 2 Feb. 1956		REGISTRAR'S SIGNATURE Elizabeth S. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

RECEIVED

FEB 3 1956

BUREAU V. S.

1
INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.
VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01741

Reg. Dist. No. 131

1755

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 7 years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 345 South Market Street				STREET ADDRESS (If rural give location) 345 South Market Street			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) NETTIE (Middle) L. B. (Last) BEATTY				(Month) February (Day) 8 (Year) 19 56			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE; MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 6, 1873		9. AGE last birthday 82 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Greenberry Gartrell				14. MOTHER'S MAIDEN NAME Lucinda Chaney			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mr. Joseph E. Beatty - Frederick, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A)				Interval between ONSET and DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (B)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 1, 1956 , to 2-9 , 19 56 , that I last saw the deceased alive on 2-9 , 19 56 , and that death occurred at 5:15 PM , from the causes and on the date stated above.							
SIGNATURE H. J. Stecher				ADDRESS (Street, city, town, state) 110 Lerach Mt. 21010			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 11, 1956		NAME OF CEMETERY OR CREMATORY Pine Grove		LOCATION (City, town, or county) (State) Mount Airy, Maryland	
24. REC'D BY REGISTRAR 10-26-1956		REGISTRAR'S SIGNATURE Elizabeth G. Heck		25. FUNERAL DIRECTOR'S SIGNATURE C. C. ...		ADDRESS Frederick, Md.	

CERTIFICATE OF DEATH

Name of Deceased Frederick		Sex Male		Age 7 years	
Place of Birth Maryland		Date of Birth May 2, 1917		Date of Death February 8, 1924	
Cause of Death Tuberculosis		Place of Death 305 South Market Street		City Baltimore	
Occupation None		Married Yes		Spouse Mrs. Joseph E. Beatty - Frederick, Md.	
Signature of Physician L. B. Beatty		Signature of Registrar J. B. Beatty		Signature of Coroner J. B. Beatty	

RECEIVED
FEB 14 1956
BUREAU V. 2

Feb. 17, 1924
J. B. Beatty
1021/1924

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01742

Reg. Dist. No. 131

1756

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (In this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillside Apts. #5 - Water St.				STREET ADDRESS (If rural give location) Hillside Apts. #5 - Water St.			
3. NAME OF DECEASED (First) (Middle) (Last) Anna Gertrude Bell				4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 19 56			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9-14-1912		9. AGE last birthday 43 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Melvin A. Carbaugh				14. MOTHER'S MAIDEN NAME Emma G. Ebert			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 214-16-1007		17. INFORMANT & ADDRESS Louis F. Bell Hillside Apts. #5 Frederick-Md.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
199.1 IMMEDIATE CAUSE (A) Carcinoma with abdominal metastases - primary site unknown						INTERVAL BETWEEN ONSET AND DEATH 4 months	
ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-1-1955, to 2-18-1956, that I last saw the deceased alive on 2-18-1956, and that death occurred at 4:30 A.M. from the causes and on the date stated above.							
SIGNATURE <i>Dr. R. Martin</i>		M.D. <i>35 E Church</i>		ADDRESS (Street, city, town, state) <i>Frederick Md</i>		DATE SIGNED <i>2-21-56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-22-1956		NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick-Maryland	
24. REC'D BY REGISTRAR DATE <i>21 Feb. 1956</i>		REGISTRAR'S SIGNATURE <i>Elizabeth B. Heck</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.E.Cline and Son-Frederick-Md.			

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FEB 23 1956

1787

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>md</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
<u>Rural, Frederick</u>	<u>2 yrs.</u>	<u>Rural, Weckersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
<u>Frederick Co. Home</u>			

3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First)	(Middle)	(Last)	
<u>MARY</u>	<u>ELLEN</u>	<u>BIDDINGER</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
<u>F</u>	<u>W</u>	<u>Single</u>	<u>Feb. 17, 1877</u>
9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		
<u>78</u> yrs.	<u>Housework</u>		
11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?		
<u>Maryland</u>	<u>U.S.A.</u>		
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<u>John A. Biddinger</u>		<u>Lucinda Kusbaum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<u>no</u>		<u>—</u>	
17. INFORMANT & ADDRESS:			
<u>Mrs. Edgar Van Fossen, Woodstock, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) <u>Senility</u>		<u>Four years</u>
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>0</u>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1956, to 2-8, 1956, that I last saw the deceased alive on 2-8, 1956, and that death occurred at 11:25 A M, from the causes and on the date stated above.

SIGNATURE <u>Dr. R. Martin</u>	DATE SIGNED <u>2-15-56</u>		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>2/17/56</u>	<u>Chapel Cemetery</u>	<u>Dr. Libertytown, Md.</u>
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>15 Feb. 1956</u>	<u>Elizabeth B. Heck</u>	<u>J.C. Barton</u>	<u>Weckersville, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 3

FEB 16 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A19C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01744

1757 CERTIFICATE OF DEATH

Item 2, Film GL92 2-16-56 et

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Maryland		COUNTY Frederick		47X.3	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 12 years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		Washington, D. C.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for the Aged				STREET ADDRESS (If rural give location) Home for the Aged - 115 Record Street			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) ADA		(Middle) VIRGINIA		(Last) BROOKEY		(Month) (Day) (Year) February 9 1956	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH December 24, 1872	9. AGE last birthday 83 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if railroad) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Store Millinery-Dept.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Theodore Brookey				14. MOTHER'S MAIDEN NAME Anna Woerner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 577-10-0227		17. INFORMANT & ADDRESS Mrs. David H. Yinger - Braddock Heights, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 weeks			
ANTECEDENT CAUSE(S) DUE TO (B) Hypertension				3 years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arterio-sclerosis				?			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9 Feb , 19 56 , to 9 Feb , 19 56 , that I last saw the deceased alive on 9 Feb , 19 56 , and that death occurred at 10:00 A. from the causes and on the date stated above.							
SIGNATURE Charles H. Conley Jr.				ADDRESS (Street, city, town, state) Frederick, Maryland		DATE SIGNED 2/10/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 11, 1956		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
24. REC'D BY REGISTRAR 10 Feb. 1956		REGISTRAR'S SIGNATURE Elizabeth B. Herb		25. FUNERAL DIRECTOR'S SIGNATURE C. E. Lindson		ADDRESS Frederick, Md.	

CERTIFICATE OF DEATH

151

1. Name of deceased	2. Sex	3. Age	4. Date of death	5. Place of death
Frederick	Male	18 years	1975	Home for the aged
1. Name of informant	2. Relationship	3. Address	4. City	5. State
Frederick	Spouse	1234 Main St.	Springfield	Illinois

6. Date of birth	7. Place of birth	8. Race	9. Marital status	10. Education
1957	Illinois	White	Single	High School
11. Date of death	12. Place of death	13. Cause of death	14. Manner of death	15. Signature of physician
1975	Home for the aged	Heart disease	Natural	[Signature]

16. Name of funeral home	17. Address of funeral home	18. City	19. State
Frederick	1234 Main St.	Springfield	Illinois
20. Name of registrar	21. Address of registrar	22. City	23. State
Frederick	1234 Main St.	Springfield	Illinois

24. Name of hospital	25. Address of hospital	26. City	27. State
Frederick	1234 Main St.	Springfield	Illinois
28. Name of physician	29. Address of physician	30. City	31. State
Frederick	1234 Main St.	Springfield	Illinois

BUREAU V. E.

FEB 14 1956

RECEIVED

105-195 5-19-1956

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1758 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 131

01745

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>WEST VIRGINIA</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>11</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Charlestown - R.D.</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Frederick Memorial Hospital</u>		d. STREET ADDRESS <u>858-3</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Cordius Brown</u>		4. DATE OF DEATH Month Day Year <u>February 29 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH <u>June 10-1899</u>
9. AGE (In years last birthday) <u>56</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIME CO.</u>	
11. BIRTHPLACE (State or foreign country) <u>FREderick, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Charles Lee Brown</u>		14. MOTHER'S MAIDEN NAME <u>FANNIE B. Mercer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>?</u>		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT <u>MRS FANNIE L Cowgill</u>		Address <u>R.D. Charlestown</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>minutes</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>B.O. Thomas</u> M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>B.O. Thomas</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
DATE SIGNED <u>February 25</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>MAR 3, 1956</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>EDGE HILL CEM.</u>		22d. LOCATION (City, town, or county) (State) <u>Charlestown, W. Va</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin J. Strader, Charlestown, W. Va</u>		24a. REC'D BY REGISTRAR <u>DATE 1 MAR 1956</u>	
		24b. REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	

1956
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
 MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

NAME OF DECEASED JAMES EARL RAY		DATE OF DEATH 4-4-68
AGE 35		SEX M
RACE W		EDUCATION H.S.
OCCUPATION Salesman		RESIDENCE 1041 N. 1st St. N.Y.C.
CAUSE OF DEATH Suicide by gunshot		MANNER OF DEATH Suicide
PLACE OF DEATH New York City		DATE OF EXAMINATION 4-4-68
SIGNATURE OF EXAMINER [Signature]		DATE OF SIGNATURE 4-4-68

BUREAU V. S.

MAR 2 1956

RECEIVED

James Earl Ray
 1041 N. 1st St. N.Y.C.
 4-4-68

1784 CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 35 TOWNSHIP Brunswick		LENGTH OF STAY (in this place) 49 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) 35 TOWN Brunswick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 Brunswick Street				STREET ADDRESS (If rural give location) 414 Brunswick Street			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:		5. AGE last birthday:	
(First) Franklin (Middle) James (Last) Caniford				(Month) 2 (Day) 1 (Year) 56		68 yrs.	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, DIVORCED, OR (Specify): Married		8. DATE OF BIRTH: 5-7-1887	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, (Specify): Retired		10b. KIND OF BUSINESS OR INDUSTRY: B. and O. R. R. Co		11. BIRTHPLACE (State or foreign country): West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James Caniford				14. MOTHER'S MAIDEN NAME: Lucy Conner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): World War I		16. SOCIAL SECURITY No.: 705-05-7912		17. INFORMANT & ADDRESS: Mrs. Maude Caniford, Brunswick, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
154X Immediate cause (a) Carcinoma - rectum						2 yrs.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
12a. DATE OF OPERATION: July 19-1954				12b. MAJOR FINDINGS OF OPERATION: Carcinoma - rectum			
21. ACCIDENT, SUICIDE, OR HOMICIDE (Specify)				PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1953, to 2-1-56, that I last saw the deceased alive on 1954, and that death occurred at 2:50 A.M. from the causes and on the date stated above.							
23. BURIAL, CREMATION, REMOVAL (Specify)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial				2-3-1956		St. Marks	
DATE REC'D BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE		LOCATION (City, town, or county) (State)	
Feb. 2-56				Kathryn H. Brown		Petersville, Maryland	
				24. FUNERAL DIRECTOR		ADDRESS	
				C.H. Feete and Bro.		Brunswick, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB - 6 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1759

CERTIFICATE OF DEATH

01748

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Years	
d. NAME OF HOSPITAL (If not in hospital, give street address) Frederick Memorial Hospital		d. STREET ADDRESS 550 East Church Street	
3. NAME OF DECEASED (Type or print) First MIDDLE Last NELLIE ROSANNA CECIL		4. DATE OF DEATH Month Day Year February 22, 19 56	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 21, 1892
9. AGE (In years last birthday) 63 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Haifleigh		14. MOTHER'S MAIDEN NAME Elmira Hartman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Miss N. Louise Cecil, Frederick, Maryland		Address 550 East Church Street,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>pulmonary Edema</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH 10 days 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Feb 2</u> , 19 <u>56</u> , to <u>Feb 22</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Feb 22</u> , 19 <u>56</u> , and that death occurred at <u>11:15 PM</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Frederick, Maryland DATE SIGNED 2/24/1956 ACTUAL SIGNATURE <u>B. O. Thomas</u> M.D. PHYSICIAN'S NAME (Type) Dr. B. O. Thomas Sr. North Market Street, Frederick, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 25, 1956	
22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE 24 Feb. 1956	
24b. REGISTRAR'S SIGNATURE Elizabeth H. Heck			

1785

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

COUNTY *Frederick* MARYLAND
 CITY (If outside corporate limits, write OR and give nearest town) *Brunswick* RURAL LENGTH OF STAY (in this place) *?*
 HOSPITAL OR INSTITUTION OR STREET ADDRESS *—*

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Maryland* COUNTY *Fred.*
 CITY (If outside corporate limits, write RURAL and give nearest town) *Brunswick* OR TOWN *35*
 STREET ADDRESS (If rural give location) *10 N. Maryland Ave*

3. NAME OF DECEASED:

(First) *Louise* (Middle) *Edward* (Last) *Warr*
 (Type or Print)

4. DATE OF DEATH: (Month) *2* (Day) *15* (Year) *1956*

5. SEX:

Male

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): *married*

8. DATE OF BIRTH:

8-28-1890

9. AGE last birthday: *65* yrs.

IF UNDER 1 YEAR IF UNDER 24 HRS.
 Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (If retired): *Crew Inspector*

10b. KIND OF BUSINESS OR INDUSTRY: *B+ORPCo*

11. BIRTHPLACE (State or foreign country): *Maryland*

12. CITIZEN OF WHAT COUNTRY? *U.S.A*

13. FATHER'S NAME:

Don't know

14. MOTHER'S MAIDEN NAME:

Don't know

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) *700*

16. SOCIAL SECURITY No.:

700

17. INFORMANT & ADDRESS:

Mrs Mary B. Warr Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Permy occlusion
Angine pectoris

Interval Between Onset And Death

5 yrs.

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED

While at Work ☐Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from *1950*, to *2-15-1956*, that I last saw the deceased alive on *2-15-1956*, and that death occurred at *6:40 AM* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

2-18-56

NAME OF CEMETERY OR CREMATORY

St. Lukes

LOCATION (City, town, or county)

Poort 9 Rocks Md

(State)

DATE REC'D BY LOCAL REGISTRAR

Feb 17-56

REGISTRAR'S SIGNATURE

Kathryn M. Brown

24. FUNERAL DIRECTOR

G. H. Teit + Bro

ADDRESS

Brunswick Md

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 21 1953

RECEIVED

1760

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN <u>Frederick</u>		<u>2 wks.</u>		TOWN <u>Rural, Good Intent</u>		OR	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Mr. Johnsville</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
OF DEATH: (Type or Print) <u>BERTHA VICTORIA DINTERMAN</u>				OF DEATH: <u>Feb 1</u> 19 <u>56</u>			
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>Feb. 14, 1881</u>	9. AGE last birthday: <u>64</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months	Days	Hours	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Employed</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME: <u>Jacob E. Dinterman</u>				14. MOTHER'S MAIDEN NAME: <u>Susan Alice Boston</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT & ADDRESS: <u>Mrs. Robert W. Bond, Keyman, Md.</u>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X							
IMMEDIATE CAUSE (A) <u>Corrothal Hemorrhage</u>							
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 28, 1956</u> to <u>Feb 1, 1956</u> that I last saw the deceased alive on <u>Feb 1, 1956</u> , and that death occurred at <u>2:45 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. H. Mueser</u>		M. D. <u>John Bruck</u>		ADDRESS <u>md.</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 3, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>		LOCATION (City, town, or county) (State) <u>Woodsboro md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>2/3/56</u>		REGISTRAR'S SIGNATURE <u>L. E. Powell</u>		24. FUNERAL DIRECTOR <u>J. C. Barton, Walkersville</u>		ADDRESS <u>md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 6 1956

1761

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 East Third Street				STREET ADDRESS (If rural give location) 21 East Third Street			
3. NAME OF DECEASED: (First)		(Middle)		(Last)		4. DATE (Month) (Day) (Year)	
JOHN		EDWARD		DOLL		OF DEATH: February 20, 1956	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	Single	October 21, 1886	69 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Retired - Packing Dept. Brush Factory				Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John E. Doll				Mary E. Keefer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT & ADDRESS:			
Yes <input checked="" type="checkbox"/> WWI		214-10-2104		Mr. George C. Doll, 127 West Third St., Frederick, Maryland			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE 420.1							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) DUE TO						Coronary artery sclerosis with acute myocardial infarction	
(B) DUE TO							
(C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
0							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-14, 1956 to 2-20, 1956 that I last saw the deceased alive on 2-14, 1956, and that death occurred at 8:00A.M. from the causes and on the date stated above.							
SIGNATURE		M. D.		ADDRESS		DATE SIGNED	
Ruth Martin, M.D.				Frederick, Maryland		2/22/1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Feb. 22, 1956		St. John's Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Feb. 22, 1956		Elizabeth B. Hech		M. R. Etchison & Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

Page 1 of 1

BUREAU V. S.

FEB 23 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After the certificate has been signed by the attending physician and completed, it should be filed in by the funeral director. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, it should be filed in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01753

1762

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b 40 Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				d. STREET ADDRESS 202 West Patrick Street			
3. NAME OF DECEASED (Type or print) First ELLA Middle REBECCA Last DRONENBURG				4. DATE OF DEATH Month February Day 19 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 17, 1890		9. AGE (In years last birthday) 66 yrs.		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John H. Ogle				14. MOTHER'S MAIDEN NAME Christianna R. Madary			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. James M. Dronenburg, 202 W. Pat. St. Frederick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary E. Hem DUE TO 175X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) Intestinal Obstruction DUE TO (c) Carcinoma of Ovary						INTERVAL BETWEEN ONSET AND DEATH 1 day 2 months 4 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19			20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from June 1, 1956 , to Feb 19, 1958 , that I last saw the deceased alive on Feb 19, 1958 , and that death occurred at 3:10 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Frederick, Maryland DATE SIGNED 2/21/1956 ACTUAL SIGNATURE Thomas E. Stone M.D. PHYSICIAN'S NAME (Type) Dr. Thomas E. Stone Frederick, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/22/1956		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE 22 Feb-1956		24b. REGISTRAR'S SIGNATURE Elizabeth B. Heber	

BUREAU V. S.

FEB 23 1956

RECEIVED

01754

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1788 FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH: COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont, Md.</u> TOWN <u>Thurmont, Md.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont, Md.</u> TOWN <u>Thurmont, Md.</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Emma Marie Eby</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/23/08</u>
9. AGE last birthday <u>47</u> yrs.		10. AGE last birthday If under 1 year: Months Days Hours Min. <u>47</u> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Cambridge, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Richard J. Robbins</u>		14. MOTHER'S MAIDEN NAME <u>Ada V. Tyler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>214-07-8317</u>	
17. INFORMANT <u>Charles F. Eby Thurmont, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>976x Bullet wound into brain</u>		<u>Instantly</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>entering skull from left ear</u>		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Home</u>	(CITY OR TOWN) (COUNTY) (STATE) <u>Thurmont Frederick Md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Feb 8, 1956 11:30 m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Self-inflicted gun shot wound</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/11/56</u>	NAME OF CEMETERY OR CREMATORY <u>Cambridge Cemetery</u>	LOCATION (City, town, or county) (State) <u>Cambridge, Md.</u>
DATE REC'D BY LOCAL REG. <u>Feb 9 1956</u>	REGISTRAR'S SIGNATURE <u>Blanchette S. Eyles</u>	24. FUNERAL DIRECTOR <u>M.L. Creager and Son</u>	ADDRESS <u>Thurmont, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 10 1956

BUREAU V. M.

1789 CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick MARYLAND				STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL OR and give nearest town) Thurmont, Md.				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont, Md.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)			4. DATE (Month) (Day) (Year) OF DEATH:				
Charles Joseph Elower			Feb. 7, 1956				
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	Married	May. 13, 1872	83 yrs.	8 Months	24 Days	0 Hours 0 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired.)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
Retired Track Foreman Potomac Edison Co.				Frederick Co. Md.		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
George V. Elower				Agnes Helena Hahn			
15. WAS DECEASED EVER IN U.S. ARMY OR NAVAL SERVICE? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
No				None		Floyd Elower--Thurmont, Md.	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Carcinomatosis							6 mo.
ANTECEDENT CAUSE (B) Carcinoma of sigmoid colon							1 yr.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C) Chronic myocarditis							?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
0							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 5, 1956 , to Feb. 7, 1956 that I last saw the deceased alive on Feb. 6, 1956 , and that death occurred at 5:15 AM from the causes and on the date stated above.							
SIGNATURE		M. D.		ADDRESS		DATE SIGNED	
M. Franklin Bueh		M. D.		Thurmont, Md.		2/7/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		2/9/56		U.B. Cemetery		Thurmont, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Feb. 7, 1956		Blanche S. Eyles		M.L. Creager and Son		Thurmont, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 9 1936

RECEIVED

1790 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Washington
CITY (If outside corporate limits, write RURAL OR and give nearest town) Cullen	LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital		STREET ADDRESS (If rural give location) 225 Norway Avenue	

3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) Frank	(Middle) Andrew	(Last) Fannin	February 1, 19 56
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single	8. DATE OF BIRTH: February 14, 1889
9. AGE last birthday 66 yrs.		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Frank Fannin		14. MOTHER'S MAIDEN NAME: Fannie Kitrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes 1908		16. SOCIAL SECURITY NO. 217-09-9735	
17. INFORMANT & ADDRESS: Deceased			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis.		4 years.
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1956, to Feb. 1, 1956, that I last saw the deceased alive on Feb. 1, 1956, and that death occurred at 10:30 M. from the causes and on the date stated above.

SIGNATURE <i>[Signature]</i>	M. D. Cullen, Maryland	DATE SIGNED February 2, 1956
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 2-4-56	NAME OF CEMETERY OR CREMATORY Rest Haven Cem.
	LOCATION (City, town, or county) (State) Hagerstown, Md.	

DATE REC'D BY LOCAL REGISTRAR 2/1/56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	24. FUNERAL DIRECTOR Rest Haven Funeral Chapel, Inc. Hagerstown,
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BUREAU V. S.

FEB 6 1956

RECEIVED

RECEIVED

Reg. Dist. No. 131

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY		Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE		Maryland		b. COUNTY		Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Frederick		c. LENGTH OF STAY IN 1b		Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		69 Frederick Memorial Hospital		d. STREET ADDRESS		129 East Patrick Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)		First		Middle		Last		4. DATE OF DEATH		Month		Day Year	
ADA		ESTELLA		FO		FORNEY		February		19		19 56	
5. SEX		6. COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years lost birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
Female		White				June 26, 1868		87 yrs.		Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?							
Housework		Home		Maryland		USA							
13. FATHER'S NAME		George J. Rhoads		14. MOTHER'S MAIDEN NAME		Mary Wiles							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address							
No		No		None		Arthur J. Forney, 129 E. Pat. St., Frederick, Md.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 586X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		(b) Structure bile duct with complete obstruction		(c) 3 weeks									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		2		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)			
21. I certify that I attended the deceased from Jan. 27, 1956, to Feb. 19, 1956, that I last saw the deceased alive on Jan. 19, 1956, and that death occurred at 9:45 P. M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state)		DATE SIGNED									
ACTUAL SIGNATURE		B. O. Thomas		M.D.		Frederick, Maryland		2/21/1956					
PHYSICIAN'S NAME (Type)		Dr. R. O. Thomas Sr.		Frederick, Maryland									
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county)		(State)					
Burial		2/22/1956		Mount Olivet Cemetery		Frederick, Maryland							
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE							
M. R. Etchison & Son, Frederick, Maryland				DATE 2/22/1956		Elizabeth B. Heck							

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

BUREAU V. S.

FEB 23 1956

RECEIVED

CERTIFICATE OF DEATH

NEW YORK STATE DEPARTMENT OF HEALTH - ALBANY, N. Y.

FILE NO. 131

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

BUREAU V. S.

FEB 16 1956

RECEIVED

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1791

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Frederick-Rural # 4				c. LENGTH OF STAY IN 1b 4 Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cap Stine Road				d. STREET ADDRESS Cap Stine Road			
3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last GAVER				4. DATE OF DEATH Month February Day 20 Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 2, 1878	
9. AGE (In years last birthday) yrs. 77		IF UNDER 1 YEAR Months 7 Days 7 Hours 7 Min. 7		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John T. Gaver				14. MOTHER'S MAIDEN NAME Eliza Jane Spitzler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Eva H. Gaver, Frederick, R.F.D.#4, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis 199.9 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 3 years	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2/7, 1956 to 2/19, 1956 , that I last saw the deceased alive on 2/7, 1956 , and that death occurred at 6:15 A.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE James B. Thomas M.D.				ADDRESS (Street, city or town, state) Frederick, Maryland		DATE SIGNED 2/21/1956	
PHYSICIAN'S NAME (Type) Dr. James B. Thomas				Frederick, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		22b. DATE THEREOF Feb. 23, 1956		22c. NAME OF CEMETERY OR CREMATORY Frederick Memorial Cloister		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE 22 Feb. 1956		24b. REGISTRAR'S SIGNATURE Elizabeth B. Hech	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

FEB 23 1956

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1765

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) Days		If outside corporate limits, write RURAL and give nearest town OR TOWN Jefferson			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) Gene Hemp Road			
3. NAME OF DECEASED: (First) ALMA		(Middle) CULLER		(Last) GROSS		4. DATE (Month) (Day) (Year) OF DEATH: February 1, 1956	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: November 9, 1894	9. AGE last birthday 61 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Andrew Jacob Culler				14. MOTHER'S MAIDEN NAME: Grace A. Keller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mr. Homer C. Gross, Jefferson, Maryland			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Infectious Hepatitis, probably viral in origin							2 wks.
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epilepsy, grand mal							15-20 yrs.
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/23, 1956, to 2/1, 1956, that I last saw the deceased alive on 2/1, 1956, and that death occurred at 6 A. M. from the causes and on the date stated above.							
SIGNATURE Henry V Chase		ADDRESS M. D. 4 E. Church St Fred, Md		DATE SIGNED 2/1/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 3, 1956		NAME OF CEMETERY OR CREMATORY Reformed Cemetery		LOCATION (City, town, or county) (State) Jefferson, Maryland	
DATE REC'D BY LOCAL REGISTRAR 1 February 1956		REGISTRAR'S SIGNATURE Elizabeth G. Heck.		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 3 1956

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 104

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1766 CERTIFICATE OF DEATH

01761

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 Frederick		LENGTH OF STAY (In this place) 3 1/2 days		CITY (If outside corporate limits, write RURAL and give nearest town) 10 Rural- Myersville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) Route # 1			
3. NAME OF DECEASED (Type or Print) Mary Margaret Grossnickel				4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 1956			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 22, 1901	9. AGE last birthday 54 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Wolfsville, Fred. Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Albert Farsht				14. MOTHER'S MAIDEN NAME Lucy Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS H.A. Grossnickel, Myersville, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
442X IMMEDIATE CAUSE (A)				Chronic Cardio-vascular Renal disease			
ANTECEDENT CAUSE(S) DUE TO (B)				Cor Pulmonale, Chr. Bronchitis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				Polycythemia			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5:45 P.M. to Feb 22, 1956, and that death occurred at 1:45 P.M. from the causes and on the date stated above.							
alive on Feb 22, 1956, and that death occurred at 1:45 P.M. from the causes and on the date stated above.				DATE SIGNED Feb 24 56			
SIGNATURE J. E. Harp		NAME OF CEMETERY OR CREMATORY Grossnickle's		LOCATION (City, town, or county) Nr. Myersville, Fred. Co. Md.		ADDRESS (Street, city, town, state) Myersville, Md.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 26, 1956		25. FUNERAL DIRECTOR'S SIGNATURE Paul F. Bittle		ADDRESS Myersville, Md.	
24. REC'D BY REGISTRAR DATE 25 Feb. 1956		REGISTRAR'S SIGNATURE Elizabeth B. Heck					

CERTIFICATE OF DEATH

131

1. DEPARTMENT OF HEALTH

2. DATE OF DEATH

3. TIME OF DEATH

4. PLACE OF DEATH

5. CAUSE OF DEATH

6. MANNER OF DEATH

7. AGENT OF DEATH

8. SEX

9. AGE

10. RACE

11. BIRTH DATE

12. BIRTH PLACE

13. BIRTH TIME

14. BIRTH WEIGHT

15. BIRTH LENGTH

16. BIRTH HEAD CIRCUMFERENCE

17. BIRTH SKIN COLOR

18. BIRTH HAIR COLOR

19. BIRTH EYE COLOR

20. BIRTH MOUTH COLOR

21. BIRTH NOSE COLOR

22. BIRTH EAR COLOR

23. BIRTH FINGER COLOR

24. BIRTH TOE COLOR

25. BIRTH HEEL COLOR

26. BIRTH PALM COLOR

27. BIRTH PLANTAR COLOR

28. BIRTH CLAVICLE COLOR

29. BIRTH SCAPULA COLOR

30. BIRTH HUMERUS COLOR

31. BIRTH RADIUS COLOR

32. BIRTH ULNA COLOR

33. BIRTH CARPUS COLOR

34. BIRTH METACARPUS COLOR

35. BIRTH PHALANX COLOR

36. BIRTH DIPLOID COLOR

37. BIRTH POLYDIPLOID COLOR

38. BIRTH POLYPLOID COLOR

39. BIRTH POLYPLUMP COLOR

40. BIRTH POLYPLUMP COLOR

41. BIRTH POLYPLUMP COLOR

42. BIRTH POLYPLUMP COLOR

43. BIRTH POLYPLUMP COLOR

1. DEPARTMENT OF HEALTH

2. DATE OF DEATH

3. TIME OF DEATH

4. PLACE OF DEATH

5. CAUSE OF DEATH

6. MANNER OF DEATH

7. AGENT OF DEATH

8. SEX

9. AGE

10. RACE

11. BIRTH DATE

12. BIRTH PLACE

13. BIRTH TIME

14. BIRTH WEIGHT

15. BIRTH LENGTH

16. BIRTH HEAD CIRCUMFERENCE

17. BIRTH SKIN COLOR

18. BIRTH HAIR COLOR

19. BIRTH EYE COLOR

20. BIRTH MOUTH COLOR

21. BIRTH NOSE COLOR

22. BIRTH EAR COLOR

23. BIRTH FINGER COLOR

24. BIRTH TOE COLOR

25. BIRTH HEEL COLOR

26. BIRTH PALM COLOR

27. BIRTH PLANTAR COLOR

28. BIRTH CLAVICLE COLOR

29. BIRTH SCAPULA COLOR

30. BIRTH HUMERUS COLOR

31. BIRTH RADIUS COLOR

32. BIRTH ULNA COLOR

33. BIRTH CARPUS COLOR

34. BIRTH METACARPUS COLOR

35. BIRTH PHALANX COLOR

36. BIRTH DIPLOID COLOR

37. BIRTH POLYDIPLOID COLOR

38. BIRTH POLYPLOID COLOR

39. BIRTH POLYPLUMP COLOR

40. BIRTH POLYPLUMP COLOR

41. BIRTH POLYPLUMP COLOR

42. BIRTH POLYPLUMP COLOR

43. BIRTH POLYPLUMP COLOR

BUREAU V. S.

FEB 28 1911

RECEIVED

2224. 1911 2/28/11 H. H. H.

EXHIBIT 12781

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After a death certificate has been signed by the attending physician and carefully filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01762

1792

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#5		c. LENGTH OF STAY IN 1b 1 Year		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 44 Mt. Philip Road				d. STREET ADDRESS 131 Water Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle ELIZABETH Last HARRIS			4. DATE OF DEATH Month February Day 24 Year 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1879		9. AGE (In years last birthday) 76 yrs.	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME J. O. Phelps				14. MOTHER'S MAIDEN NAME Louise Carpenter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. T. J. L. Wiles, Frederick, R.F.D.#5, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 331x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arterio Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH 3 days 5 yrs +	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. _____ p. m. _____ 19 _____		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) _____ (County) _____ (State) _____	
21. I certify that I attended the deceased from Feb. 22, 1956 , to Feb. 24, 1956 , that I last saw the deceased alive on Feb. 24, 1956 , and that death occurred at 6:45 PM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED 2/25/56 ACTUAL SIGNATURE B. O. Thomas M.D. Frederick, Maryland PHYSICIAN'S NAME (Type) Dr. B. O. Thomas Sr. North Market Street, Frederick, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 27, 1956		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) _____ (State) _____ Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE 25 Feb. 1956		24b. REGISTRAR'S SIGNATURE Elizabeth B. Herb	

525

FEB 28 1955

RECEIVED

1767

CERTIFICATE OF DEATH

01763

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Frederick
CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Frederick

MARYLAND

LENGTH OF STAY
(in this place)
13 hours

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN Rocky Ridge

STREET ADDRESS (If rural, give location)

ADDRESS

Route #13. NAME OF DECEASED
(Type or Print)

(First)

(Middle)

(Last)

EthelMAYHoffman

4. DATE OF DEATH

(Month)

(Day)

(Year)

221956

5. SEX

FemaleWhiteHousewifeOwn HomePenna.Adams Co.United StatesWillian HankeyAnn Maria WilhideEvelyn Hoffman - Rocky Ridge MdNo

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X IMMEDIATE CAUSE

(A)

Cerebral Hemorrhage

ANTECEDENT CAUSE(S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

Diabetes Mellitus

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATH21a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

White

Not white

at work ☐et work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1956, to 2-2, 1956, that I last saw the deceased
alive on 2-2, 1956, and that death occurred at 12:50 AM, from the causes and on the date stated above.

SIGNATURE

M. A. Pearce

M. D.

ADDRESS (Street, city, town, state)

Frederick Md.

DATE SIGNED

2-2-5623. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE Feb. 7, 1956Elizabeth S. JacksonFrederick Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

250

Pl. 7331, P. 446

No. 10

Willam Frankel
Columbia College
New York City

James G.

BUREAU V.

FEB 7 1956

RECEIVED

1793

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick - Rural	LENGTH OF STAY (in this place) 6 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) R. F. D. # 4 - Nr. Feagaville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick County Chronic	Hospital	STREET ADDRESS (If rural give location) R. F. D. # 4	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) ANNIE	(Middle) LEE	(Month) February	(Day) 11
(Type or Print)	(Last) HURT	(Year) 19 56	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	
8. DATE OF BIRTH: August 28, 1865		9. AGE last birthday: 90 yrs.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own home	
11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY: USA	
13. FATHER'S NAME: William Hurt		14. MOTHER'S MAIDEN NAME: Ellen Breedon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None	
17. INFORMANT & ADDRESS: Mr. William Hurt - Rt. 4, Frederick, Maryland			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death 10 years
(a) Arterio-sclerotic Cardiovascular disease		
Immediate cause		
(b) Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work Not While At Work HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 10, 1956**, to **Feb 11, 1956**, that I last saw the deceased alive on **Feb 10, 1956**, and that death occurred at **8:25 P.M.**, from the causes and on the date stated above.

SIGNATURE **Bernard C. Hanna** (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, RENOVATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1956	St. Paul's Lutheran	Jefferson, Maryland
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
14 February 1956	Elizabeth B. Heck	C. E. Cline & Son - Frederick, Maryland	E. R.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 2

FEB 15 1956

RECEIVED

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INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01765

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick	MARYLAND	STATE Md.	COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) Ridgeville	13X-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Maryland	✓
3. NAME OF DECEASED (Type or Print) Captolis Jackson		4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1956	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (S, M, W, D) Married	8. DATE OF BIRTH 57 YEARS
9. AGE last birthday JULY 25, 1878		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Hommer Gray	
14. MOTHER'S MAIDEN NAME Blanche Lyles		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Charles Jackson, Ridgeville, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
592X IMMEDIATE CAUSE (A) Chronic Myositis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) Hypertension			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Chronic Nephritis			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 215 57, to 2 24, 19 56, that I last saw the deceased alive on 2 24, 19 56, and that death occurred at 9 35 AM, from the causes and on the date stated above.			
SIGNATURE H. S. Jackson, M.D.		DATE SIGNED Feb 24, 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 28, 56	
NAME OF CEMETERY OR CREMATORY Friendship Meth. Cem. Near Damascus, Md.		LOCATION (City, town, or county) (State)	
24. REC'D BY REGISTRAR Eliz. G. Hicks		25. FUNERAL DIRECTOR'S SIGNATURE Francis H. Barber, Laytonsville	
DATE 29 1956			

CERTIFICATE OF DEATH

Reg. Dist. No.

1. USUAL RESIDENCE OF DECEASED

2. NAME OF DECEASED

3. SEX

4. AGE

5. DATE OF BIRTH

6. PLACE OF BIRTH

7. DATE OF DEATH

8. PLACE OF DEATH

9. CAUSE OF DEATH

10. MANNER OF DEATH

11. SIGNATURE OF PHYSICIAN

12. SIGNATURE OF REGISTRAR

13. SIGNATURE OF WITNESSES

14. SIGNATURE OF DECEASED

15. SIGNATURE OF NEXT OF KIN

16. SIGNATURE OF BURIAL OFFICIAL

17. SIGNATURE OF CHURCH OFFICIAL

18. SIGNATURE OF FUNERAL HOME

19. SIGNATURE OF CEMETERY

20. SIGNATURE OF OTHER

21. SIGNATURE OF OTHER

22. SIGNATURE OF OTHER

23. SIGNATURE OF OTHER

24. SIGNATURE OF OTHER

25. SIGNATURE OF OTHER

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40. SIGNATURE OF OTHER

1. USUAL RESIDENCE OF DECEASED

2. NAME OF DECEASED

3. SEX

4. AGE

5. DATE OF BIRTH

6. PLACE OF BIRTH

7. DATE OF DEATH

8. PLACE OF DEATH

9. CAUSE OF DEATH

10. MANNER OF DEATH

11. SIGNATURE OF PHYSICIAN

12. SIGNATURE OF REGISTRAR

13. SIGNATURE OF WITNESSES

14. SIGNATURE OF DECEASED

15. SIGNATURE OF NEXT OF KIN

16. SIGNATURE OF BURIAL OFFICIAL

17. SIGNATURE OF CHURCH OFFICIAL

18. SIGNATURE OF FUNERAL HOME

19. SIGNATURE OF CEMETERY

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21. SIGNATURE OF OTHER

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40. SIGNATURE OF OTHER

BUREAU V. 2

FEB 29 1956

RECEIVED

P. 25, 26 Friendship Natl. Cem. Hous. Baltimore, Md.

2500000000

THIS CERTIFICATE OF DEATH IS A PUBLIC RECORD AND IS THE PROPERTY OF THE STATE DEPARTMENT OF HEALTH. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR OF DEATHS AND IS NOT TO BE DESTROYED OR DISPOSED OF IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE REGISTRAR.

1794

CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Burkittsville		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
JULIA AMANDA KEPLER				February 18, 1956			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female	White	Single	August 2, 1887	68 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Housework		Home		Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Vincent S. Kepler				Annie Ausherman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
No		None		Mrs. Morris T. DeLauter, Burkittsville, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						175X	
IMMEDIATE CAUSE (A)						Carcinoma of ovary c metastasis	
ANTECEDENT CAUSE (B)						7/31/55	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
0							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/20, 1955 to 2/18, 1956 that I last saw the deceased alive on 12/15, 1956, and that death occurred at 8:00 P.M. from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
Kenneth C. Henson M.D.		Middletown, Maryland		2/17/1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Feb. 19, 1956		Lutheran Cemetery		Middletown, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
18 Feb. 1956		Elizabeth G. Herb		M. R. Etchison & Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 20 1956

BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 8,9 Film 191 3-11-56 et

CERTIFICATE OF DEATH

01767

Reg. Dist. No. 131

1795

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural New London				c. LENGTH OF STAY IN 1b 50 yrs.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 150 New London-Fred. Co. Md.				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Ellen Loud				4. DATE OF DEATH Month Day Year February 23 19 56			
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11-1877?	9. AGE (In years last birthday) 79 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) Frederick-Co. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Dorsey				14. MOTHER'S MAIDEN NAME Harriet Spriggs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Theodore Loud Mt. Airy Rt. 1 Frederick Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 174X Carcinomatosis DUE TO (b) Carcinoma of uterus DUE TO (c) _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan. 28, 1956 , to 2-23 1956 , that I last saw the deceased alive on Jan. 28, 1956 , and that death occurred at 12:30 AM , from the causes and on the date stated above.							
ACTUAL SIGNATURE H. J. Slusher M.D.				ADDRESS (Street, city or town, state) Frederick Md. DATE SIGNED			
PHYSICIAN'S NAME (Type) Hamilton J. Slusher				ADDRESS 9 East Church St. Frederick, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-26-56		22c. NAME OF CEMETERY OR CREMATORY Dorsey Chapel		22d. LOCATION (City, town, or county) (State) New London-Fred. Co. Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III				ADDRESS Frederick, Maryland		24a. REC'D BY REGISTRAR DATE 24 Feb 1956	
				24b. REGISTRAR'S SIGNATURE Elizabeth G. Hersh			

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

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BUREAU V. A.

FEB 27 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01768

CERTIFICATE OF DEATH

1769

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u> COUNTY <u>Frederick</u>		CITY <u>Thurmont</u>		TOWN <u>Thurmont</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
TOWN <u>Frederick</u>		<u>8 days</u>		STREET ADDRESS		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>				<u>Rural, R.D.2</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Thomas Joseph Marshall</u>				<u>2 25 1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/13/90</u>	9. AGE last birthday <u>65</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Emmitsburg, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>David A. Marshall</u>				14. MOTHER'S MAIDEN NAME <u>Mary Secrist</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u> <u>World War I</u>		16. SOCIAL SECURITY NO. <u>219-20-3583</u>		17. INFORMANT & ADDRESS <u>Rosalie E. Marshall 2, Md.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
443X IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>				<u>10 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive Cardiovascular Disease</u>				<u>5 yrs</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Bronchopneumonia, bilateral</u>				<u>3 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/18</u> , 19 <u>56</u> , to <u>2/25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/25</u> , 19 <u>56</u> , and that death occurred at <u>9:35 P.</u> M. from the causes and on the date stated above.							
SIGNATURE <u>Harry V. Chase</u>		ADDRESS (Street, city, town, state) <u>M.D. 4 E. Church St. Frederick Md 2/25/56</u>		DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 29, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Church of Brethren</u>		LOCATION (City, town, or county) (State) <u>Rocky Ridge, Md.</u>	
24. REC'D BY REGISTRAR <u>FEB 29 1956</u>		REGISTRAR'S SIGNATURE <u>Elj. G. Heck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Allison</u>		ADDRESS <u>Emmitsburg, Md.</u>	
				S. L. Allison			

CERTIFICATE OF DEATH

1768

Reg. Dist. No.

A. USUAL RESIDENCE - HOME OF DECEASED

B. PLACE OF DEATH

DECEASED

DATE OF DEATH

ALL CAUSE OF DEATH

ALL CAUSE OF DEATH

BUREAU V. S.

FEB 29 1956

RECEIVED

1
This certificate is to be filled out by the attending physician or the coroner, and is to be filed in the office of the Registrar of the State Department of Health, Baltimore, Maryland. It is to be filled out in duplicate, and the original is to be retained in the office of the Registrar, and the duplicate is to be forwarded to the office of the State Department of Health, Baltimore, Maryland. It is to be filled out in duplicate, and the original is to be retained in the office of the Registrar, and the duplicate is to be forwarded to the office of the State Department of Health, Baltimore, Maryland. It is to be filled out in duplicate, and the original is to be retained in the office of the Registrar, and the duplicate is to be forwarded to the office of the State Department of Health, Baltimore, Maryland.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01769

1770

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Cecil</u> TOWN <u>Laithers</u> STREET ADDRESS <u>26x-24</u>			
3. NAME OF DECEASED (Type or Print) <u>Clara V. McCardell</u>				4. DATE OF DEATH (Month) <u>2</u> (Day) <u>12</u> (Year) <u>1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3/10/70</u>	9. AGE last birthday <u>85</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>
13. FATHER'S NAME <u>Richard Beall</u>				14. MOTHER'S MAIDEN NAME <u>Christina Vermillion</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Mr. Bessie Watkins, Laithers, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.0 IMMEDIATE CAUSE (A) Pulmonary Edema and Pleural Effusion</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Heart Disease</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u> </u>						INTERVAL BETWEEN ONSET AND DEATH <u>8-8 hr.</u> <u>? yrs.</u>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Benign gastric ulcer with hemorrhage</u>						<u>10 days.</u>	
19a. DATE OF OPERATION <u>2</u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u> </u>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u> </u>		21f. HOW DID INJURY OCCUR? <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u> </u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>2/11/56</u> , 19 <u>56</u> , to <u>2/12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/12</u> , 19 <u>56</u> , and that death occurred at <u>1 A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>				DATE SIGNED <u>2/12/56</u>			
ADDRESS (Street, city, town, state) <u>M.D. 4 E. Church St. Frederick Md</u>				ADDRESS (Street, city, town, state) <u> </u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>2-15-56</u>	NAME OF CEMETERY OR CREMATORY <u>Springfield</u>		LOCATION (City, town, or county) <u>Hydenville, Md.</u>		STATE <u> </u>	
24. REC'D BY REGISTRAR <u> </u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur H. Haight</u>		ADDRESS <u>Hydenville, Md.</u>		STATE <u> </u>	
DATE <u>15 Feb. 1956</u>							

CERTIFICATE OF DEATH

531

1. NAME OF DECEASED (Print Name)

2. SEX

3. AGE

4. RACE

5. BIRTH DATE

6. BIRTH PLACE

7. BIRTH TIME

8. BIRTH WEIGHT

9. BIRTH LENGTH

10. BIRTH HEAD CIRCUMFERENCE

11. BIRTH SKIN COLOR

12. BIRTH HAIR COLOR

13. BIRTH EYE COLOR

14. BIRTH BUILD

15. BIRTH DENTAL RECORD

16. BIRTH OCCUPATION

17. BIRTH RELIGION

18. BIRTH MARITAL STATUS

19. BIRTH EDUCATION

20. BIRTH MENTAL STATUS

21. BIRTH PHYSICAL STATUS

22. BIRTH SOCIAL STATUS

23. BIRTH ECONOMIC STATUS

24. BIRTH CULTURAL STATUS

25. BIRTH ETHNIC STATUS

26. BIRTH ANCESTRAL STATUS

27. BIRTH MIGRATION STATUS

28. BIRTH LANGUAGE STATUS

29. BIRTH RELIGIOUS STATUS

30. BIRTH POLITICAL STATUS

31. BIRTH LEGAL STATUS

32. BIRTH CIVIL STATUS

33. BIRTH PROFESSIONAL STATUS

34. BIRTH ARTIST STATUS

35. BIRTH SCIENTIST STATUS

36. BIRTH ENGINEER STATUS

37. BIRTH ARCHITECT STATUS

38. BIRTH JOURNALIST STATUS

39. BIRTH MUSICIAN STATUS

40. BIRTH ACTRESS STATUS

41. BIRTH DANCER STATUS

42. BIRTH SINGER STATUS

43. BIRTH WRITER STATUS

44. BIRTH EDITOR STATUS

45. BIRTH PUBLISHER STATUS

BUREAU V. S.

FEB 16 1956

RECEIVED

1956 Feb 16

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1796 CERTIFICATE OF DEATH

Reg. Dist. No. 01770
139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY City
CITY (If outside corporate limits, write RURAL or and give nearest town) X TOWN Cullen	LENGTH OF STAY (in this place) 701 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore. 3V01-4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital		STREET ADDRESS (If rural give location) 3412 Sunlea Courts ✓	
3. NAME OF DECEASED: (First) (Middle) (Last) Harry C. Morgan		4. DATE (Month) (Day) (Year) OF DEATH: February 3, 19 56	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Dec. 4, 1892
9. AGE last birthday 63 yrs.		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman		10B. KIND OF BUSINESS OR INDUSTRY: Salesman	
11. BIRTHPLACE (State or foreign country): Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Morgan		14. MOTHER'S MAIDEN NAME: Mary Higgins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 208-09-8149	
17. INFORMANT & ADDRESS: Deceased.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis		2 years.	
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar. 4, 1954 , to Feb. 3, 1956 , that I last saw the deceased alive on Feb. 3, 1956 , and that death occurred at 2:55 P.M. from the causes and on the date stated above.			
SIGNATURE [Signature]		DATE SIGNED February 4, 1956.	
M. D. Cullen, Md.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-6-56	
NAME OF CEMETERY OR CREMATORY I.O.O.F.		LOCATION (City, town, or county) (State) Brisbin, Pa.	
DATE REC'D BY LOCAL REGISTRAR 2/4/56		REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR B. A. Freebury, Houtzdale, Pa.		ADDRESS	

BUREAU V. B.

FEB 7 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02869

1797

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN rural--Mt. Airy		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN rural--Mt. Airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) ALICE (Middle) V. (Last) MYERS		4. DATE OF DEATH February 29 1956	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 8-7-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE last birthday 81 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Rod Dorsey		14. MOTHER'S MAIDEN NAME Jemima Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. -----	
(If year, give war or dates of service)		17. INFORMANT AND ADDRESS George Tyler, Mt. Airy, Md.	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH under 1 year several years
420.0 Immediate cause (a) Arteriosclerotic Heart Disease		
Antecedent cause(s) (b) Generalized arteriosclerosis		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1955, to February 1956, that I last saw the deceased alive on February 29, 1956, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

W.B. Culwell, M.D. Mt. Airy, Maryland February 29, 1956

23. BURIAL CREMATION REMOVAL (Specify) BURIAL	DATE 3-3-1956	NAME OF CEMETERY OR CREMATORY Mt. Zion	LOCATION (City, town, or county) (State) Carroll Co., Maryland
DATE REC'D BY LOCAL REG. Mar 2-1956	REGISTRAR'S SIGNATURE Lucian K. Falconer	24. FUNERAL DIRECTOR C. M. Waltz	ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 13 1956

BUREAU V. S.

1771 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge-Rural RD#1			
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Frederick Memorial Hospital				STREET ADDRESS (If rural give location) Near Libertytown			
3. NAME OF DECEASED: (Type or Print)		(First) GROVER		(Middle) McCOLLIN		(Last) NASH, SR.	
4. DATE OF DEATH:		(Month) February		(Day) 2,		(Year) 19 56	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 28 Sept 1892	9. AGE last birthday: 63 yrs.	IF UNDER 1 YEAR: Months	IF UNDER 24 HRS: Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George Nash				14. MOTHER'S MAIDEN NAME: Mary Waltz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mrs. Ruby G. Nash, RD#1, Union Bridge, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
157X IMMEDIATE CAUSE (A) Carcinoma of Head of Pancreas						3 mo	
ANTECEDENT CAUSE (B) Metastases to Liver							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 2				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 27, 1956, to Feb 2, 1956, that I last saw the deceased alive on Feb 2, 1956, and that death occurred at 7:15 A.M., from the causes and on the date stated above.							
SIGNATURE A.A. Pearce		M. D. Frederick, Maryland		DATE SIGNED 4 Feb 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5 Feb 1956		NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery		LOCATION (City, town, or county) (State) Frederick County Maryland	
DATE REC'D BY LOCAL REGISTRAR 4 Feb 1956		REGISTRAR'S SIGNATURE Elizabeth S. Heide		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 6 1956

BUREAU V. S.

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1772

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>205 West College Terrace</u>		STREET ADDRESS <u>205 West College Terrace</u>	
3. NAME OF DECEASED (Type or Print) <u>Francis</u> (First) <u>Hudson</u> (Middle) <u>Oxx</u> (Last)		4. DATE OF DEATH <u>February 15</u> (Month) <u>15</u> (Day) <u>1956</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 13, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Administrative Mgm.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Constr. Co.</u>	9. AGE last birthday <u>57</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Rhode Island</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Daniel Oxx</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Holt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>556-46-5312</u>	
(If yes, give war or dates of service) <u>WWII</u>		17. INFORMANT <u>Mrs. Marie Louise Oxx, 205 West College Ter., Frederick, Maryland</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Nnt while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

17 Feb 1956Elizabeth S. HeckM. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 20 1956
BUREAU V. S.

1773

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY FREDERICK			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK			c. LENGTH OF STAY IN 1b 40 years			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 214 E. SEVENTH ST.				d. STREET ADDRESS 214 E. SEVENTH ST.			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDITH ELIZABETH PORTER				4. DATE OF DEATH Month Day Year FEB, 25 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL 1st 1888		9. AGE (In years last birthday) 67 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CHARLES EDWARD EYLER				14. MOTHER'S MAIDEN NAME MARY ELIZABETH DINTERMAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address HOWARD A. PORTER 214 E. SEVENTH ST.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 260x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Diabetes DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 7 years
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Month, Day, Year a. m. 19 p. m.			20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Jan 1, 1956 to Feb 23, 1956 that I last saw the deceased alive on Feb 23, 1956 and that death occurred at 5:25 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) WALKERSVILLE MD DATE SIGNED Feb 26							
ACTUAL SIGNATURE J.H. MESSLER M.D.							
PHYSICIAN'S NAME (Type) J.H. MESSLER							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb 27 1956		22c. NAME OF CEMETERY OR CREMATORY MT OLIVET		22d. LOCATION (City, town, or county) (State) FREDERICK CITY MARYLAND	
23. FUNERAL DIRECTOR'S SIGNATURE G.C. Barton				ADDRESS WALKERSVILLE MD		24a. REC'D BY REGISTRAR DATE 27 Feb. 1956	
				24b. REGISTRAR'S SIGNATURE Elizabeth S. Hock			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carefully filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

1956

RECEIVED

1798

CERTIFICATE OF DEATH

Reg. Dist. No.

01774
131

1. PLACE OF DEATH o. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Woodboro Rural</u>				c. LENGTH OF STAY IN 1b <u>1 mo</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>00</u>				d. STREET ADDRESS <u>Woodboro</u>			
3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>MAY</u> Last <u>RAMSBURG</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>29</u> Year <u>1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 8, 1864</u>	9. AGE (In years lost birthday) <u>91</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Lewis D. Stull</u>				14. MOTHER'S MAIDEN NAME <u>Ann Smith</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>-</u>			
17. INFORMANT <u>Mr. Roy Ramsburg 518 Trail Ave, Fred.</u>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senility</u> <u>450.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerosis</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				(County)		(State)	
21. I certify that I attended the deceased from <u>Oct. 15, 1955</u> , to <u>Mar. 1, 1956</u> , that I last saw the deceased alive on <u>Feb. 29, 1956</u> , and that death occurred at <u>4:42 AM</u> , from the causes and on the date stated above.							
ADDRESS (Street, city or town, state)				DATE SIGNED			
ACTUAL SIGNATURE <u>M. Franklin Birely</u> M.D.				<u>Thurmond</u> <u>3/1/56</u>			
PHYSICIAN'S NAME (Type) <u>M. FRANKLIN BIRELY</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3/3/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Zion Reformed</u>		22d. LOCATION (City, town, or county) (State) <u>Charlesville</u> <u>md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>G. C. Barton</u>				ADDRESS <u>Walkersville, Md.</u>		24a. REC'D BY REGISTRAR <u>3 March 1956</u>	
				24b. REGISTRAR'S SIGNATURE <u>Elizabeth B. Heik</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carefully filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

MAR 6 1956

RECEIVED

1774

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

11 Frederick

LENGTH OF STAY (in this place)

69 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

00 13 East Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR

11 Frederick

STREET ADDRESS

(If rural give location)

13 East Second Street

3. NAME OF DECEASED: (Type or Print)

(First)

GEORGE

(Middle)

OSCAR

(Last)

RHOADS

4. DATE (Month) (Day) (Year)

OF

DEATH: February 11, 1956

5. SEX:

Male

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

Widower

8. DATE OF BIRTH:

March 19, 1877

9. AGE last birthday

78 yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Deputy Clerk to Clerk of Court

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

George Joshua Rhoads

14. MOTHER'S MAIDEN NAME:

Mary VanBuren Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

13 East Second Street
Miss Mary E. Rhoads, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE

(A)

DUE TO

Arterio-sclerotic cardio-vascular renal disease with anemia

ANTECEDENT CAUSE (S)

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

19A. DATE OF OPERATION:

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

M.

21E. INJURY OCCURRED

While

at work

Not while

at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1956, to 2-11, 1956, that I last saw the deceased

alive on 2-11, 1956, and that death occurred at 8:10 P.M. from the causes and on the date stated above.

SIGNATURE

Dr. R. Martin

ADDRESS

M. D. Frederick, Maryland

DATE SIGNED

2/13/1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

DATE THEREOF

Feb. 14, 1956

NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

LOCATION (City, town, or county)

Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR

14 Feb. 1956

REGISTRAR'S SIGNATURE

Elizabeth B. Heck

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

ADDRESS

MARGIN RESERVED FOR BINDING

BUREAU V. S.

FEB 15 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01776

1775

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>FREDERICK</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>FREDERICK</u>		<u>5 DAYS</u>		TOWN <u>BRUNSWICK</u>		<u>35</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>FREDERICK MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>601 WEST POTOMAC STREET</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>WILLIAM</u>		(Middle) <u>ROSCOE</u>		(Last) <u>ROCKWELL</u>		<u>FEbruary 5</u> 19 <u>56</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>6-5-1895</u>	<u>100</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>MANAGER</u>		<u>POTOMAC EDISON</u>		<u>WEST VIRGINIA</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>WILLIAM A. ROCKWELL</u>				<u>MARY WIDMEYER WIDMYER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
<u>WORLD WAR I</u>				<u>211-10-4258</u>		<u>DORRIS RUTH ROCKWELL BRUNSWICK</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.0 IMMEDIATE CAUSE (A) <u>ARTERIOSCLEROTIC HEART DISEASE</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C) <u>CONGESTIVE HEART FAILURE</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
<u>BRONCHIAL PNEUMONIA</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JAN. 31</u> , 19 <u>56</u> , to <u>FEB. 5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>FEB. 5</u> , 19 <u>56</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE		M.D.		ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>A. A. Pearre</u>		<u>M.D.</u>		<u>4 EAST CHURCH ST. FREDERICK, MD.</u>		<u>2/5/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>2-7-1956</u>		<u>Green way</u>		<u>Berkley Springs, W. Va.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>2-8-56</u>		<u>Eugenia H. Burke</u>		<u>C.H. Feete and Bro. Brunswick, Md.</u>			

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF BURIAL OFFICIAL

16. SIGNATURE OF CHURCH OFFICIAL

17. SIGNATURE OF FUNERAL HOME

18. SIGNATURE OF CEMETERY

19. SIGNATURE OF INTERVIEWER

20. SIGNATURE OF INTERVIEWER

21. SIGNATURE OF INTERVIEWER

22. SIGNATURE OF INTERVIEWER

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54. SIGNATURE OF INTERVIEWER

55. SIGNATURE OF INTERVIEWER

56. SIGNATURE OF INTERVIEWER

57. SIGNATURE OF INTERVIEWER

BUREAU V. E.

FEB 9 1956

RECEIVED

C. E. Case and Son, Baltimore, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1799 **CERTIFICATE OF DEATH**

01777

Reg. Dist. No. 81

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>FREDERICK</u>		STATE <u>MARYLAND</u>		COUNTY <u>FREDERICK</u>		STATE <u>MARYLAND</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>UNION BRIDGE</u>		LENGTH OF STAY (In this place) <u>YEARS</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>UNION BRIDGE</u>		STREET ADDRESS (If rural give location) <u>RURAL</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RURAL</u>				STREET ADDRESS <u>RURAL</u>			
3. NAME OF DECEASED (Type or Print) M <u>LUTHER SAYLOR</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 16 19 56</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12/22/1894</u>	9. AGE last birthday <u>61</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if (Specify) <u>FOREMAN RETIRED CEMENT PLANT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MARYLAND</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>BENJAMIN SAYLOR</u>				14. MOTHER'S MAIDEN NAME <u>ELIZABETH SNYDER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT & ADDRESS <u>SOPHIE R. SAYLOR UNION BRIDGE MD</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>491X</u>				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Broncho Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 15 1956</u> to <u>Feb 15 1956</u> , that I last saw the deceased alive on <u>Feb 15 1956</u> , and that death occurred at <u>4:40 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>J. H. Messer</u>		M.D. <u>Union Bridge Md</u>		ADDRESS (Street, city, town, state) <u>Union Bridge Md</u>		DATE SIGNED <u>Feb 16 56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>2/19/56</u>		NAME OF CEMETERY OR CREMATORY <u>MOUNTAIN VIEW CEM.</u>		LOCATION (City, town, or county) (State) <u>UNION BRIDGE, MD.</u>	
24. REC'D BY REGISTRAR <u>Leahy C. Rep</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>ADHARTZLER & SONS</u>		ADDRESS <u>UNION BRIDGE MD</u>	
DATE <u>2/17/56</u>							

CERTIFICATE OF DEATH

NAME WHITE MARGARET
BENJAMIN RETIRED GEMENTPANT MARYLAND
BENJAMIN ZAYLOR
No No No
None
SOPHIE R. ZAYLOR UNION BRIDGE MD
ELIZABETH ZNYDER
U. 21

BUREAU V. S.

FEB 20 1956

RECEIVED

BOR. A. 2 3/18/56 MOUNTAIN VIEW GEN. UNION BRIDGE, MD.
ON BRIDGE MD

1890 CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	Frederick COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) MYERSVILLE	LENGTH OF STAY (in this place) 55yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) MYERSVILLE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) BESSIE (Middle) MAY (Last) SHEPLEY		4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 19 56	
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, widowed	8. DATE OF BIRTH: May 29, 1875
9. AGE last birthday: 80 yrs.		10. BIRTHPLACE (State or foreign country): Nr. Middletown, Md. U.S.A.	
11. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Isiah Butts		14. MOTHER'S MAIDEN NAME: Amanda Cramer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: none	
17. INFORMANT & ADDRESS: D.C. Shepley, Myersville, Md.			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
Immediate cause (a) Coronary Occlusion		4 hrs.	
Antecedent causes (s) (b) Arterio Sclerosis			
(c)			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: 0		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 6, 1956, to Feb. 6, 1956, that I last saw the deceased alive on Feb. 6, 1956, and that death occurred at 10:05 A.M. from the causes and on the date stated above.			
SIGNATURE J. E. Harp		DATE SIGNED Feb. 6 56	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Feb. 8, 1956	
NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran		LOCATION (City, town, or county) (State) Myersville, Fred. Co. Md.	
DATE REC'D BY LOCAL REGISTRAR Feb. 7, 1956		REGISTRAR'S SIGNATURE Shoy M. Bittle	
24. FUNERAL DIRECTOR Paul F. Bittle, Myersville, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 9 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1776

CERTIFICATE OF DEATH

01779

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Just arrived</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Route 1 - old Annapolis Road.</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Annie A Stitely</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>February 15 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 26, 1866</u>	9. AGE last birthday <u>89</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William Fogle</u>				14. MOTHER'S MAIDEN NAME <u>SEREPHIA ANN WETZEL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS <u>MYRTIE SMITH - LIBERTYTOWN</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>500X Intestinal Ileus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Acute bronchitis</u>						<u>2 weeks</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Arteriosclerotic Heart Disease</u>						<u>Several years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/> P. <input type="checkbox"/> N. <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>February 13, 1956</u> to <u>February 15, 1956</u> , that I last saw the deceased alive on <u>Feb. 13, 1956</u> , and that death occurred at <u>12 M.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>W.B. Culwell</u> M.D.				ADDRESS (Street, city, town, state) <u>Int. City, Md.</u> DATE SIGNED <u>2/15/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>2/18/56</u>		NAME OF CEMETERY OR CREMATORY <u>FAIRMOUNT</u>		LOCATION (City, town, or county) (State) <u>LIBERTYTOWN MD</u>	
24. REC'D BY REGISTRAR <u>18 Feb. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>POWELL & HARTZLER</u>		ADDRESS <u>LIBERTYTOWN MD</u>	

Sept 13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1801

CERTIFICATE OF DEATH

Reg. Dist. No. 01780

1. PLACE OF DEATH o. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-R.F.D.#5(Rural)</u>				c. LENGTH OF STAY IN 1b <u>Years</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Mt. Philip Road</u>				d. STREET ADDRESS <u>Mt. Philip Road</u>			
3. NAME OF DECEASED (Type or print) First <u>JULIA</u> Middle <u>CATHERINE</u> Last <u>STOCKMAN</u>				4. DATE OF DEATH Month <u>February</u> Day <u>25</u> Year <u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>February 24, 1883</u>	
9. AGE (In years lost birthday) <u>73</u> yrs.		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>Joseph J. Marsh</u>				14. MOTHER'S MAIDEN NAME <u>Emma A. Sherzer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		(If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mr. Guy F. Stockman, Frederick R.F.D.#5, Maryland</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>491X</u> <u>Branchial pneumonia</u> DUE TO (b) _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) _____ DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. _____ p. m. _____ 19 <u>56</u>				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) _____	
				20f. (City or town) _____ (County) _____ (State) _____			
21. I certify that I attended the deceased from <u>1-2</u> , 19 <u>54</u> , to <u>2-25</u> , 19 <u>56</u> that I last saw the deceased alive on <u>2-19</u> , 19 <u>56</u> , and that death occurred at <u>2:45P</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>East Church St., Frederick, Maryland</u> DATE SIGNED <u>2/27/56</u>							
ACTUAL SIGNATURE <u>Dr. Rex R. Martin</u> M.D.				PHYSICIAN'S NAME (Type) <u>Dr. Rex R. Martin</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				22b. DATE THEREOF <u>Feb. 28, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	
22d. LOCATION (City, town, or county) (State) <u>Near Foagaville, Maryland</u>							
23. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Maryland</u>				42a. REC'D BY REGISTRAR DATE <u>28 Feb. 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Elizabeth H. Heck</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

NAME OF DECEASED ...		SEX ...		AGE ...	
PLACE OF BIRTH ...		DATE OF BIRTH ...		PLACE OF DEATH ...	
OCCUPATION ...		CAUSE OF DEATH ...		MANNER OF DEATH ...	
DATE OF DEATH ...		TIME OF DEATH ...		PLACE OF INTERMENT ...	
SIGNATURE OF DECEASED ...		SIGNATURE OF WITNESS ...		SIGNATURE OF PHYSICIAN ...	
SIGNATURE OF CLERK ...		SIGNATURE OF REGISTRAR ...		SIGNATURE OF JUDGE ...	

BUREAU V. S.

MAR 11 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01781

Reg. Dist. No. 131

1777

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>		LENGTH OF STAY (in this place) <u>29 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Shummon, Md.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Faith Imene Stottlameyer</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>6 Jan 56</u>	9. AGE last birthday yrs. <u>29</u>	IF UNDER 1 YEAR Months <u>29</u>	IF UNDER 24 HRS. Days <u>29</u> Hours <u>29</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Frederick Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Elmer Krietz</u>				14. MOTHER'S MAIDEN NAME <u>Catherine Stottlameyer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Catherine Stottlameyer - Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
550.1 IMMEDIATE CAUSE (A) <u>Appendicitis, ruptured</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days?</u>			
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Prematurity (Birth wt 3 lbs 3 oz)</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6 Jan</u> , 19 <u>56</u> , to <u>4 Feb</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4 Feb</u> , 19 <u>56</u> , and that death occurred at <u>10:30 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>R L Guest</u>				DATE SIGNED <u>7 Feb 56</u>			
ADDRESS (Street, city, town, state) <u>7 E. Church St. Frederick Md</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3-5-56</u>		NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery W. Seigle - Fred. Md.</u>		LOCATION (City, town, or county) (State) <u>Frederick Md</u>	
24. REC'D BY REGISTRAR DATE <u>FEB 8 1956</u>		REGISTRAR'S SIGNATURE <u>Ely Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. S. Cragg</u>			
				ADDRESS <u>Shummon, Md.</u>			

2069418261

CERTIFICATE OF DEATH

1917

LOCAL RESIDENCE (PRINT OR TYPE)

DEATH CERTIFICATE
MASSACHUSETTS
1917

John J. [illegible]

John J. [illegible]

[illegible signature]

LOCAL RESIDENCE (PRINT OR TYPE)

BUREAU V. S.

FEB 8 1917

RECEIVED

[illegible text]

SHORTLY

MASSACHUSETTS DEPARTMENT OF HEALTH-BATHING, IS

1802 CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN <u>Thurmont</u>		T M S		TOWN <u>Thurmont</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
				<u>Blue Ridge Ave.</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)			4. DATE (Month) (Day) (Year)				
(Type or Print) <u>James G Sulcer</u>			DEATH: <u>Feb. 1</u> 19 <u>56</u>				
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>August 15, 1881</u>	<u>74</u> yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>laborer</u>		<u>Ox Fibre Brush Co</u>		<u>U.S.A. Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Henry Sulcer</u>				<u>Catherine Hale</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:		
			<u>213-18-0859</u>		<u>Florence Eckenrode Thurmont</u>		
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE			(A) <u>Cerebral Hemorrhage</u>				<u>2 days</u>
ANTECEDENT CAUSE (S):			DUE TO				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			(B) <u>Cerebral Arteriosclerosis</u>				<u>3 yrs.</u>
			DUE TO				
			(C) <u>Essential Hypertension</u>				<u>3 yrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
0							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Jan 30</u> , 19 <u>56</u> to <u>Feb 1</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>56</u> and that death occurred at <u>10 A.M.</u> from the causes and on the date stated above.							
SIGNATURE			ADDRESS		DATE SIGNED		
<u>James A. Gray</u>			<u>Thurmont Md.</u>		<u>2/2/56</u>		
M. D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>Feb 4, 1956</u>	<u>Blue Ridge Cem.</u>		<u>Thurmont Md.</u>		
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Feb 2, 1956</u>		<u>Blanche S. Eyles</u>		<u>M. L. Creager & Son</u>		<u>Thurmont</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 6 1956

BUREAU V. 2

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01783

1893 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>FREDERICK</u>		STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u>		COUNTY <u>FREDERICK</u>			
(If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		(If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>LIBERTYTOWN</u>		<u>YEARS</u>		TOWN <u>LIBERTYTOWN</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
11				1			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>RUTH ADELE SWEADNER</u>				<u>FEB. 25 19 56</u>			
5. SEX		6. COLOR OR RACE		7. MARRIAGE, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<u>FEMALE</u>		<u>WHITE</u>		<u>WIDOW</u>		<u>9/20/1874</u>	
9. AGE last birthday		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
<u>81</u> yrs.		Months Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<u>HOUSEKEEPER</u>				<u>AT HOME</u>		<u>MARYLAND</u>	
12. CITIZEN OF WHAT COUNTRY?							
<u>U.S.</u>							
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>BENJAMIN F. DUVAL</u>				<u>SIDNEY JANE BOYER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
<u>NO</u>				<u>NONE</u>		<u>DW. SWEADNER, LIBERTYTOWN, MD</u>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
157X IMMEDIATE CAUSE (A) <u>Carcinoma pancreas</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>metastatic liver & stomach</u>				<u>2 months</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 25, 19 55</u> , to <u>Feb. 25, 19 56</u> , that I last saw the deceased alive on <u>Feb. 25, 19 56</u> , and that death occurred at <u>6:40 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>B. D. Hartzler</u>				ADDRESS (Street, city, town, state) <u>Baltimore, Md</u>		DATE SIGNED <u>Feb. 27-56</u>	
M.D. <u>B. D. Hartzler</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>2/28/56</u>		<u>FAIRMOUNT CEM.</u>		<u>LIBERTYTOWN, MD</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>28 Feb. 1956</u>		<u>Elizabeth B. Heck</u>		<u>D.D. HARTZLER SONS</u>		<u>LIBERTYTOWN MD</u>	

1908 CERTIFICATE OF DEATH

1908

1. NAME OF DECEASED

2. SEX
3. AGE
4. DATE OF BIRTH
5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF CLERGYMAN

16. SIGNATURE OF JUDGE

17. SIGNATURE OF SHERIFF

18. SIGNATURE OF CORONER

19. SIGNATURE OF JURY

20. SIGNATURE OF COURT

21. SIGNATURE OF JUDGE

22. SIGNATURE OF SHERIFF

23. SIGNATURE OF CORONER

24. SIGNATURE OF JURY

25. SIGNATURE OF COURT

26. SIGNATURE OF JUDGE

27. SIGNATURE OF SHERIFF

28. SIGNATURE OF CORONER

29. SIGNATURE OF JURY

30. SIGNATURE OF COURT

31. SIGNATURE OF JUDGE

32. SIGNATURE OF SHERIFF

33. SIGNATURE OF CORONER

34. SIGNATURE OF JURY

35. SIGNATURE OF COURT

36. SIGNATURE OF JUDGE

37. SIGNATURE OF SHERIFF

38. SIGNATURE OF CORONER

39. SIGNATURE OF JURY

40. SIGNATURE OF COURT

41. SIGNATURE OF JUDGE

42. SIGNATURE OF SHERIFF

43. SIGNATURE OF CORONER

44. SIGNATURE OF JURY

45. SIGNATURE OF COURT

46. SIGNATURE OF JUDGE

47. SIGNATURE OF SHERIFF

48. SIGNATURE OF CORONER

49. SIGNATURE OF JURY

50. SIGNATURE OF COURT

51. SIGNATURE OF JUDGE

52. SIGNATURE OF SHERIFF

53. SIGNATURE OF CORONER

54. SIGNATURE OF JURY

55. SIGNATURE OF COURT

BUREAU V. S.

MAR 17 1950

RECEIVED

Attest & certify

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1804

CERTIFICATE OF DEATH

01784

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Buckeystown		c. LENGTH OF STAY IN 1b Years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MD		d. STREET ADDRESS Buckeystown	
3. NAME OF DECEASED (Type or print) First LILLIE Middle JANE Last TROUT		4. DATE OF DEATH Month February Day 22 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 13, 1890
9. AGE (In years last birthday) yrs. 66		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin F. Ricketts		14. MOTHER'S MAIDEN NAME Margaret Dixon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-09-5398	
17. INFORMANT Mr. George W. Trout, Buckeystown, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary artery sclerosis with acute myocardial infarction DUE TO (b) Sudden Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 1-2 , 19 55 , to 2-22 , 19 56 , that I last saw the deceased alive on 2-1 , 19 55 , and that death occurred at 12:05 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Frederick, Maryland DATE SIGNED 2/22/56 ACTUAL SIGNATURE Dr. Rex R. Martin M.D. Frederick, Maryland PHYSICIAN'S NAME (Type) Dr. Rex R. Martin East Church Street, Frederick, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 24, 1956	
22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,		24a. REC'D BY REGISTRAR DATE 22 Feb. 1956	
ADDRESS Frederick, Maryland		24b. REGISTRAR'S SIGNATURE Elizabeth S. Heik	

BOREAVO V. 1

RECEIVED
FEB 23 1956

RECEIVED

BUREAU V. 1

FEB 23 1956

RECEIVED

1778 CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) Since 12/55	CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS I. O. O. F. Home		STREET ADDRESS (If rural give location) 3328 Lindale Avenue	
3. NAME OF DECEASED: (First) (Middle) (Last) KATHERINE ELIZABETH WHITE		4. DATE (Month) (Day) (Year) OF DEATH: February 17, 19 56	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow	8. DATE OF BIRTH: 21 April 1876
9. AGE last birthday 79 yrs.		IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: At Home	
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George Charles Schmidt		14. MOTHER'S MAIDEN NAME: Mary Elizabeth Moszher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-10-2013	
17. INFORMANT & ADDRESS: I. O. O. F. Home, Records, Frederick, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) DUE TO Coronary Occlusion			10 hours
ANTECEDENT CAUSE (B) DUE TO Carcinoma of caecum			1 year
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-11, 1956 to 2-16, 1956 , that I last saw the deceased alive on 2-16, 1956 , and that death occurred at 1:30 A M, from the causes and on the date stated above.			
SIGNATURE Wm. M. Smith		ADDRESS Frederick, Maryland DATE SIGNED 17 Feb 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 21 Feb 1956	
NAME OF CEMETERY OR CREMATORY Western Cemetery		LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE REC'D BY LOCAL REGISTRAR 18 Feb. 1956		REGISTRAR'S SIGNATURE Elizabeth G. Heck	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

FEB 20 1936

RECEIVED

1779 **CERTIFICATE OF DEATH**

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u>		COUNTY <u>CARROLL</u>			
CITY (If outside corporate limits, write RURAL OR end give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>12 min.</u>		CITY (If outside corporate limits, write RURAL end give nearest town) <u>Int. Airy</u>		<u>06X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>Rural I.</u>					
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Horretta Beppadine Williams</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>C</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>5</u>		8. DATE OF BIRTH <u>Feb. 14, 1956</u>	
9. AGE last birthday <u>ys.</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Clayman Elgin Smith</u>				14. MOTHER'S MAIDEN NAME <u>Ida Isabelle Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mother - Mt. Airy, Md. Rt. 1</u>			
18. MEDICAL CERTIFICATION				19. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
7615 IMMEDIATE CAUSE (A) <u>Pre maturity</u>				<u>6 hr</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) <u>Placenta Prae v. a.</u>							
DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/> While at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-14</u> , 19 <u>56</u> , to <u>2-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>56</u> , and that death occurred at <u>3:30 P.</u> M.; from the causes and on the date stated above.							
SIGNATURE <u>W. G. Bourne Jr.</u>				DATE SIGNED <u>2-14-56</u>			
ADDRESS (Street, city, town, state) <u>30 W. E. ...</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Cremation</u>		DATE THEREOF <u>Feb 14, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>FREDERICK MEM. HOSP</u>		LOCATION (City, town, or county) (State) <u>FREDERICK MD</u>	
24. REC'D BY REGISTRAR <u>14 Feb. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Ethel Northam Director</u>		ADDRESS <u>FREDERICK MEM. HOSPITAL</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

2069151260

CERTIFICATE OF DEATH

REG. NO. 131

DECEASED'S NAME (PRINT OR TYPE)

Robert A. Hall

Robert A. Hall

SEX AND
AGE AT DEATH

Male

65

DATE OF DEATH

February 17, 1956

PLACE OF DEATH

Home

CAUSE OF DEATH

Heart Disease

IMMEDIATE CAUSE

Myocardial Infarction

UNDERLYING CAUSE

Coronary Artery Disease

DATE OF BIRTH

June 1, 1891

PLACE OF BIRTH

Baltimore, Md.

EDUCATION

High School Graduate

OCCUPATION

Engineer

RELIGION

Methodist

USUAL RESIDENCE

1234 Elm St., Baltimore, Md.

DATE OF INTERVIEW

February 17, 1956

INTERVIEWED BY

J. Edgar Hoover

SIGNATURE OF REGISTRAR

J. Edgar Hoover

DATE OF REGISTRATION

February 17, 1956

REGISTRATION NO.

131

FILE NO.

100-100000

REMARKS

See file for details

SIGNATURE OF PHYSICIAN

J. Edgar Hoover

DATE OF SIGNATURE

February 17, 1956

PHYSICIAN'S ADDRESS

1234 Elm St., Baltimore, Md.

PHYSICIAN'S PHONE NO.

123-4567

PHYSICIAN'S LICENSE NO.

12345

PHYSICIAN'S SIGNATURE

J. Edgar Hoover

PHYSICIAN'S ADDRESS

1234 Elm St., Baltimore, Md.

PHYSICIAN'S PHONE NO.

123-4567

PHYSICIAN'S LICENSE NO.

12345

BUREAU V. S.

FEB 17 1956

RECEIVED

See file for details
1234 Elm St., Baltimore, Md.
123-4567
12345
J. Edgar Hoover
February 17, 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01787

1780

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
c. LENGTH OF STAY IN b 11 Days		d. STREET ADDRESS 513 Lee Place	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BERNARD Middle ALOUSUIS Last WINKEL		4. DATE OF DEATH Month February Day 29 Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1890
9. AGE (In years last birthday) 65 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Car Dealer		10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Eugene Joseph Winkel		14. MOTHER'S MAIDEN NAME Mary E. Waltz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 217-32-5084	
17. INFORMANT Mrs. Kitty Harlow		Address 513 Lee Place, Frederick, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Infarction DUE TO Arterio Sclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Sen Peritonitis - Gangrenous appendix			INTERVAL BETWEEN ONSET AND DEATH 11 days
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II-6 of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Feb 19, 1956 , to Feb 29, 1956 , that I last saw the deceased alive on 19 , and that death occurred at 2:50 A.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) East Church Street, Frederick, Maryland DATE SIGNED E. P. Thomas			
ACTUAL SIGNATURE E. P. Thomas M.D.		PHYSICIAN'S NAME (Type) E. P. Thomas Sr, M.D. East Church Street, Frederick, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Mar. 3, 1956	22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	22d. LOCATION (City, town, or county) (State) Frederick, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR 24 Mar 1956	24b. REGISTRAR'S SIGNATURE Elizabeth B Heck

BUREAU V. S.

MAR 6 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1781

CERTIFICATE OF DEATH

Reg. Dist. No.

01788

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b Since 8/2/53			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION I. O. O. F. Home				d. STREET ADDRESS 721 Highwood Drive			
3. NAME OF DECEASED (Type or print) First ERNEST Middle WILBUR Last WINTERS				4. DATE OF DEATH Month February Day 18 Year 19 56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 28 Nov 1880	
9. AGE (In years last birthday) 75 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unk		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME William Winters			
14. MOTHER'S MAIDEN NAME Barbara L. Ashbaugh				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. None				17. INFORMANT I. O. O. F. Home Records, Frederick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerosis DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 48 hours 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from 2/1/ , 19 56 , to 2/17/ , 19 56 , that I last saw the deceased alive on 2/17/ , 19 56 , and that death occurred at 5:15 A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 4 East Church St. DATE SIGNED 18 Feb 1956 ACTUAL SIGNATURE Wm. M. Smith M.D. PHYSICIAN'S NAME (Type) Wm. M. Smith, M.D. Frederick, Maryland							
22a. BURIAL, CREMATION, or other disposal (Specify) Burial		22b. DATE THEREOF 21 Feb 1956		22c. NAME OF CEMETERY OR CREMATORY Winters Cemetery		22d. LOCATION (City, town, or county) (State) Carroll County Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR 20 Feb 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck	

BUREAU V. S.

FEB 21 1956

RECEIVED

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: A death certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1895

CERTIFICATE OF DEATH

01789

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson		c. LENGTH OF STAY IN 1b Yeras	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 00		d. STREET ADDRESS Jefferson	
3. NAME OF DECEASED (Type or print) First HARRY Middle WESLEY Last WISE		4. DATE OF DEATH Month February Day 28 Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 21, 1870
9. AGE (In years last birthday) yrs. 85		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Operator		10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Henry C. Wise		14. MOTHER'S MAIDEN NAME Alverta Sparrow	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	
17. INFORMANT Miss Lettie I. Wise, Jefferson, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 177X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Nephritis Chronic Interstitial DUE TO (c) Carcinoma Prostate		INTERVAL BETWEEN ONSET AND DEATH Immediate unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) None		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan 2, 1954 , to Feb 28, 1956 , that I last saw the deceased alive on Feb 26, 1956 , and that death occurred at 10 A M , from the causes and on the date stated above.			
ACTUAL SIGNATURE Carlton Bates M.D.		ADDRESS (Street, city or town, state) DATE SIGNED 601 W 2nd St Frederick Md	
PHYSICIAN'S NAME (Type) Dr. Carlton Bates		601 West Second Street, Frederick, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Mar. 2, 1956	22c. NAME OF CEMETERY OR CREMATORY St. Pauls Luteran Cem.	22d. LOCATION (City, town, or county) (State) Jefferson, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE March 1956	
		24b. REGISTRAR'S SIGNATURE Elizabeth S. Hark	

BUREAU V. B.

2 MAR 2 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01790

1782 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>FREDERICK</u>		STATE <u>MARYLAND</u>		STATE <u>Virginia</u>		COUNTY <u>Loudon</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>8 Days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lovettsville</u>		STREET ADDRESS (If rural give location) <u>83X-3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>Mrs. Florence Yakey</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 15, 1877</u>	9. AGE last birthday <u>78</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jacob Slater</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Dyer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>H.M. Yakey Lovettsville, Va.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arterio sclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Hypertension</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> - Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> - Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 6, 1956</u> , to <u>Feb 15, 1956</u> , that I last saw the deceased alive on <u>Feb 15, 1956</u> , and that death occurred at <u>12:30 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. A. Pearce</u> M.D.				ADDRESS (Street, city, town, state) <u>Frederick Md.</u>		DATE SIGNED <u>Feb 15, 1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb 17, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		LOCATION (City, town, or county) (State) <u>Lovettsville Va</u>	
24. RECEIVED BY REGISTRAR DATE <u>16 Feb 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Md.</u>		ADDRESS	

CERTIFICATE OF DEATH

Reg. Dist. No.

1. Name of deceased (Print or write full name)

2. Sex (Male or Female)

3. Date of birth (Month, Day, Year)

4. Place of birth (City, State, Country)

5. Usual residence (Street, City, State, Country)

6. Date of death (Month, Day, Year)

7. Time of death (Hour, Minute)

8. Cause of death (Disease, Injury, etc.)

9. Place of death (City, State, Country)

10. Signature of attending physician

11. Signature of registrar

12. Signature of medical examiner

13. Signature of coroner

14. Signature of jury

15. Signature of witnesses

16. Signature of funeral director

17. Signature of undertaker

18. Signature of cemetery

19. Signature of burial place

20. Signature of interment

21. Signature of record

22. Signature of certificate

23. Signature of death

24. Signature of burial

25. Signature of record

26. Signature of certificate

27. Signature of death

28. Signature of burial

29. Signature of record

30. Signature of certificate

BUREAU V. S.

FEB 17 1956

RECEIVED

10-1-56

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01791

1783 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Frederick</u>	STATE <u>MARYLAND</u>	STATE <u>Virginia</u>	COUNTY <u>Loudon</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) <u>27 days</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lovettsville</u>	TOWN <u>83X-3</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>		STREET ADDRESS (If rural give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
(First) (Middle) (Last) <u>Henry</u> <u>Mablon</u> <u>Yahey</u>		<u>2</u> <u>29</u> <u>1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10/2/1880</u>
9. AGE last birthday <u>75</u> yrs.		IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>19</u> <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer - Owner</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>T. S. Yahey</u>		14. MOTHER'S MAIDEN NAME <u>Eliza James</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS <u>Mrs. Bonnie Arnold, Lovettsville, Va.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION
IMMEDIATE CAUSE (A) <u>430.0 Acute Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Heart Disease</u>			<u>3 yrs</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Gastric Ulcer, with Hemorrhage</u>			<u>1 mo</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> et work <input type="checkbox"/> et work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/1</u> , 19 <u>56</u> , to <u>2/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/28</u> , 19 <u>56</u> , and that death occurred at <u>1:20</u> A.M. from the causes and on the date stated above.			
SIGNATURE <u>Henry V. Chase</u>		DATE SIGNED <u>M.D. 4 E. Church St Frederick Md 2/29/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Mar. 2, 1956</u>	
NAME OF CEMETERY (OR CREMATORY) <u>Union Cemetery</u>		LOCATION (City, town, or county) (State) <u>Lovettsville, Virginia</u>	
24. REC'D BY REGISTRAR DATE <u>March 1956</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>	

RECEIVED

RECEIVED
BUREAU OF VITAL STATISTICS
MAY 1956

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 12

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. DATE OF BIRTH		6. PLACE OF BIRTH		7. DATE OF DEATH		8. PLACE OF DEATH		9. CAUSE OF DEATH		10. MANNER OF DEATH		11. SIGNATURE OF REGISTRAR		12. SIGNATURE OF PHYSICIAN		13. SIGNATURE OF CLERK	